# MDS-ALS Training: Mini-Series #3

Case Mix Team
June 2022



1

## MDS-ALS Training

### MDS-ALS Training: Agenda

- > Follow up from Session #1 and #2
- > Section G
- > Section E
- Section J
- > Section M
- > Section P
- > Documentation requirements
- ➤ Bonus (as time allows): Staff documentation for ADL

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## **MDS-ALS** Training

MDS-ALS Assessment Tool

Sections G, E, J, M, and P



Means payment item

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3

## **MDS-ALS** Training



### ADL SELF-**PERFORMANCE**

Measures what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days.

### SECTION G. PHYSICAL FUNCTIONING

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  SUBPRINSIAN—Oversign, encouragement or cusing provided 3 or more times during last 7 days .

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  LIMITED ASSISTANC—Anisotrophy involved in activity, received physical help in guided measurement of these order to reversign bearing assignance 3 or more times —OH—

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- HOLP REPICIO) during last 7 days; code regardless of person's self-performance classification.

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## **MDS-ALS** Training

(A) ADL SELF-PERFORMANCE

- 0. INDEPENDENT—No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days
- 1. SUPERVISION—Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days
- 2. LIMITED ASSISTANCE—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times —OR— Limited assistance (3 or more times), plus weight-bearing support provided only 1 or 2 times.
- 3. EXTENSIVE ASSISTANCE—While resident performed part of activity, over last 7-day period,
  - help of following type(s) provided 3 or more times:
  - Weight-bearing support
  - Full staff performance during part (but not all) of last 7 days
- 4. TOTAL DEPENDENCE—Full staff performance of activity during last 7 days
- 8. ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS

(B) ADL SUPPORT CODES (CODE for MOST SUPPORT PROVIDED OVER EACH 24 HOUR PERIOD) during last 7 days; code regardless of person's B self-performance classification.

- 0. No setup or physical help from staff
- Setup help only
   One-person physical assist
- 3. Two+ persons physical assist
- 8. Activity did not occur during entire 7 days

SELF-

SUPPORT

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5

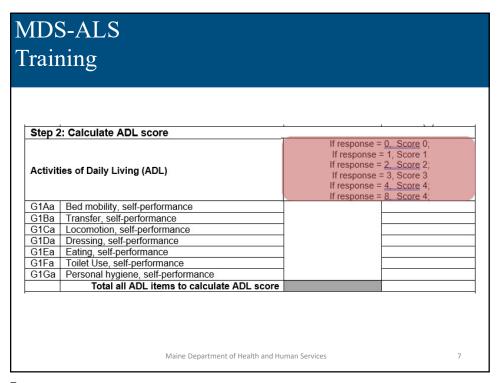
### **MDS-ALS** Training

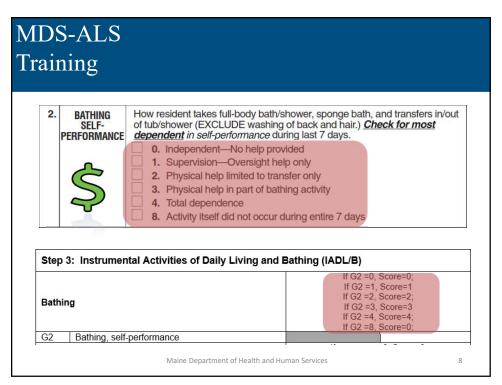
a. BED MOBILITY- How resident moves to and from lying position, turns side to side, and positions body while in bed TRANSFER – How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet) c. LOCOMOTION - How resident moves to and returns from other locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, selfsufficiency once in chair d. DRESSING - How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis e. EATING - How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition) f. TOILET USE - How resident uses the toilet room (or commode, bed-pan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes g. PERSONAL HYGIENE - How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)

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STAIRS - How resident climbs stairs

6





### MDS-ALS Training

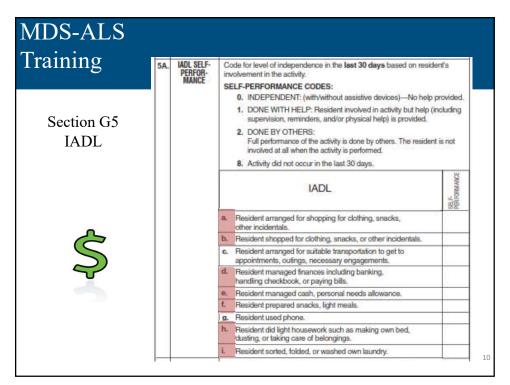
### Section G5 IADL

**Intent:** To record the resident's self-care performance in IADL – instrumental activities of daily living (i.e., what the resident actually did for himself or herself and/or how much help was required by staff members) each time the activity occurred during the last 30 days.

Documentation on daily flow sheet would include only the help the resident required by staff during the last 30 days; not coded every day unless the resident required assistance every shift and/or every day.

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9



## MDS-ALS Training

Instrur	nental Activities of Daily Living	If response = 0, Score=0; If response = 1, Score=1 If response = 2, Score=2; If response = 3, Score=3 If response = 4, Score=4; If response = 8, Score=0;
G5Aa	Arranging for shopping	
G5Ab	Shopping	
G5Ad	Managing finances	
G5Ae	Managing cash, allowance	
G5Af	Prepares snack	
G5Ah	Light housework	
G5Ai	Laundry	
	Total IADL	
	Total IADL and Bathing (IADL/B)	

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11

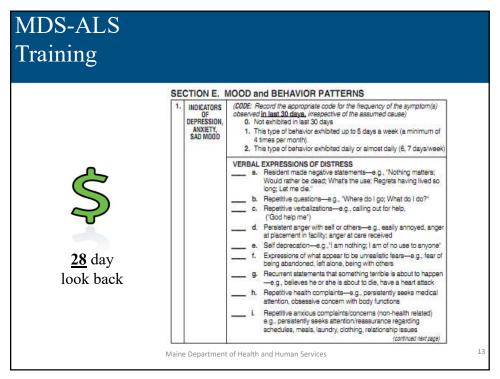
## MDS-ALS Training

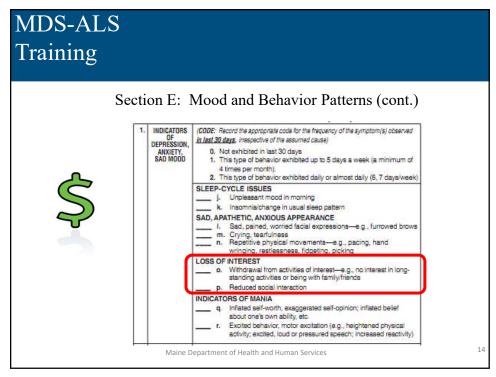
### Section E

Mood distress is a serious condition and is associated with declines in health and functional status. Associated factors include poor adjustment to the facility, functional impairment, resistance to daily care, inability to participate in or withdrawal from activities, isolation, increased risk of medical illness, cognitive impairment, and an increased sensitivity to physical pain. It is particularly important to identify signs and symptoms of mood distress among elderly residents because they are very treatable.

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12





## MDS-ALS Training

**Coding:** For each indicator apply one of the following codes based on interactions with and observations of the resident in the last 28 days. Remember; code regardless of what you believe the cause to be. (3/1/18)

**CODING:** (3/1/18)

- 0. Indicator exhibited less than one day each week in last 28 days
- 1. Indicator exhibited one to five *days* per week during the past 28 days. Behavior must have occurred at least one day every week.
- 2. Indicator exhibited daily or almost daily (6 to 7 *days* each week) during the past 28 days <u>or</u> the average of the four weeks is 6.0 or greater.

NOTE: Average is defined as the total of the values for each week in the look back period divided by number of weeks in the look back period.

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15

15

## MDS-ALS Training

E1 items, enter number of days behavior A5 date occurred each week E1a E<sub>1</sub>b E1c E1 weeks (7-day periods) 1/19/18 1/25/18 week 1 5 2 1 1/26/18 2/1/18 week 2 week 3 2/2/18 2/8/18 6 0 2 week 4 2/9/18 2/15/18 6 2 4 6.0 1.8 2.0 average

Code 0: if less than 1 or did not occur at least one day every week

Code 1: if the behavior occurred at least one day every week.

Code 2: if the average is greater than or equal to 6

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16

MDS-ALS			
Training	4.	BEHAVIORAL SYMPTOMS	COLUMN A CODES. Record the appropriate   COLUMN B CODES.   CODE to the frequency of the symptom   Mast Adays   Symptom size   Alterability of behalvioral   Intel Mast Adays   Symptom size   Sata States   Stat
			4. Behavior of this types occurred 410 to caps our tests must casy  Settlemeter of the types occurred 410 to caps our tests must casy  OCU LIMIT C CORES. History of this behavior in the last 5 months  1. No. 1, Yes
		WANDERING needs or safe	(moved with no rational purpose, seemingly oblivious to
			BUSIVE BEHAVIORAL SYMPTOMS (others were reamed at, cursed at)
			ABUSIVE BEHAVIOFIAL SYMPTOMS (others were hit, thed, sexually abused, gross physical assault)
		SYMPTOMS public, smean	APPROPRIATEDISRUPTIVE BEHAVIORAL (made disruptive sounds, sexual behavior, disrobing in addhrew foodifices, hoarding, nurmaged through others' ealing, self-abusive acts, substance abuse, self-multistion)
		RESISTS CA assistance, or	RE (resisted taking medications/ injections, ADL eating)
		INTIMIDATIN invaded)	G BEHAVIOR (made others feel unsafe, at risk, privacy
	g.	ELOPEMENT	
	h.	Dangerous no	nr-violent behavior (e.g., falling asleep while smoking)
	i.	Dangerous vi	olent behavior
	j.	FIRE SETTIN	G
	5.	SUICIDAL IDEATION	Resident demonstrated suicidal thoughts or actions in the fast 30 days:  0. No 1. Yes
	6.	SLEEP PROBLEMS	Check all present on 2 or more days during last 7 days  all nability to awaken when desired d. Interrupted sleep  b. Difficulty falling asleep e. NONE OF ABOVE  c. Restless or non-restful sleep
	7.	INSIGHT INTO MENTAL HEALTH	Resident has insight about his/her mental problem  0. No 1. Yes 2. No mental health problems
	8.	BEHAVIORS (Check anly one.)	Resident's current behavior status compared to resident's status 180 days ago (or since admission if less than 180 days);  0. No change 1.1mgroved 2. Declined 17

17

## MDS-ALS Training

Section J covers Health Conditions and Possible Medication Side Effects...

A lot of territory!

- > J1. Problem conditions
- > J2. Extrapyramidal signs and symptoms
- > J3 and 4. Pain Symptoms and location
- > J5 and 6. Pain interference and management
- > J7. Accidents
- > J8. Fall risk

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18

J. Health	Conditions and Poss	sible Medication Side Effects  MEDICATION SIDE EFFECTS
PROBLEM CONDITIONS	(Check all problems present in last 7 of a. Inability to lie flat due to shortness of breath  b. Shortness of breath  c. Edema  d. Dizziness/vertigo  e. Delusions  f. Hallucinations  g. Hostlity  h. Suspiciousness	i. Headache j. Numbness/tingling k. Blurred vision l. Dry mouth m. Excessive salivation or drooling n. Change in normal appetite p. NONE OF ABOVE
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MDS-ALS Training				
		Se	ection M: Skin Condition	
	SEC	TION M. SKI	N CONDITION	
	1.	SKIN PROBLEMS (Check all that apply.)	Any troubling skin conditions or changes in the last 7 days?  a. Abrasions (scrapes) or cuts e. Open scres or lesion b. Burns (2nd or 3rd degree) f. Other (specify)  c. Bruises e. G. Rashes, tichiness, body lice e. P. NONE OF ABOVE	16
	2.	ULCERS (Due to any cause.)	(Record the number of ulcers at each ulcer stage-regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last? days. Code 9-6" or more.) Requires full body exam.  a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is releved.  b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.  c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissue-presents as deep crater with or without undermining adjacent tissue.  d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	Number at Stage
	3.	FOOT PROBLEMS	Resident or someone else inspects resident's feet on a regular by     0. No    1. Yes     b. One or more foot problems or infections such as coms, calluses, hammer toes, overlapping toes, pain, structural problems, gangre foot fungus, enlarged toe in last 7 days?     0. No    1. Yes	bunions,

Training	ı. P			1	
w.	SECTION P. SPECI	AL TREATMENTS and PROCEDURES  a. SPECIAL CARE-Check treatments or programs received during days (Note-count only post admission treatments)  TREATMENTS  a. Chemotherapy or radiation readiation readiation with the community (see with shopping, transportated to the community (see with shopping, transportated program or the program or th	ired to 1 g., takir vork, tition, AE am employ litation  Days	retuing OLs) mer	m nt

Se	ection P:	Special Treatments and Procedures (cont)
2.	INTER- VENTION PROGRAMS FOR MOOD, BEHAVION, COGNITIVE LOSS	(Check all interventions or strategies used in the last 7 days unless other time specified—no matter where received)  □ a. Special behavior symptom evaluation program □ b. Special behavior management program □ c. Evaluation by a licensed mental health specialist in last 90 days □ d. Group therapy □ e. Resident-specific deliberate changes in the days unless other time environment to address mood/behavior patterns—e.g., providing bureau in which to rummage g. Validation/Redirection h. Crisis intervention in facility l. Crisis stabilization unit in last 90 days □ j. Other (specify) □ k. NONE OF ABOVE

## MDS-ALS Training

### Section P: Special Treatments and Procedures (cont..)

3.	NEED FOR ON-GOING	I-GOING 0. No monitoring required 2. RCF Other Staff			
	WONTONING	1.	RCF nurse	3.	Home health nurse
		:8=	a. Acute physical or psychiatric condition - not chronic	22=	b. New treatment/medication

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23

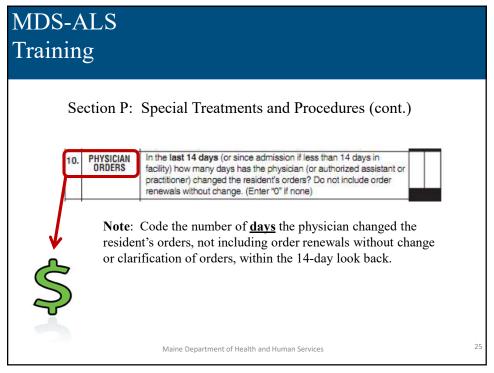
## MDS-ALS Training

Section P: Special Treatments and Procedures (cont..)

- P4. Rehab / Restorative care (7 days)
- P5. Skill Training (30 days)
- P6. Adherence With Treatments/Therapies Programs (6 months)
- P7. General Hospital Stays (6 months)
- P8. Emergency Room (ER) Visits (6 months)
- P9. Physician Visits (6 months)

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24



25

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Section P: Special Treatments and Procedures (cont..)

P11. Abnormal Lab Values (90 days)

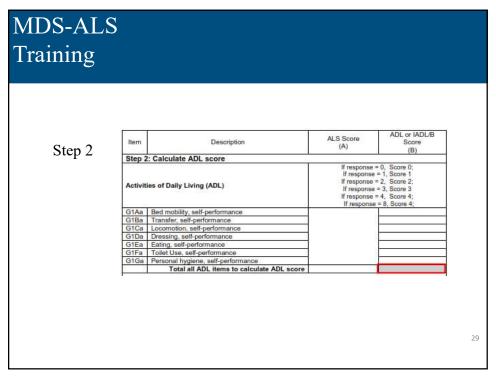
P12. Psychiatric Hospital Stays (6 months)

P13. Outpatient Surgery (6 months)

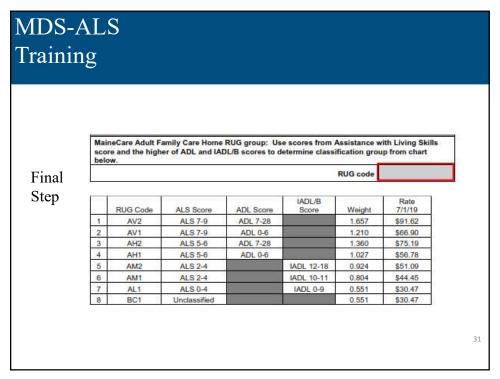
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MD	S-ALS		
Trai	ning		
			Camily Care Home RUG Group
	Adult Family Care Home RUG and Class		nem Description (A) Score (B)
	Item Description  Instructions: Using the codes from the MDS-ALS assessment Column (A) to determine the Assistance with Living Skills (A)  Step 1: Calculate Assistance with Living Skills sco	LS) score.	Step 2: Calculate ADI, score
	Modified Cognitive Skills	If value B3>0 then Score=1, otherwise	G1Aa   Bed mobility, self-performance
	B3 Cognitive skills for daily decision-making	score =0	G1Ba Transfer, self-performance
	Indicators of Depression, Anxiety, and/or Sad Mood	Count number of items in Section E1 that are >0. If total count is 0, 1 or 2 then Score = 0, if total count is 3 or more, then score =1 in the shaded score area.	GTCs   Locamotion, sell-performance GTDs   Dressing, sell-performance GTEs   Eating, self-performance GTFs   Total Use, self-performance
	E1a Negative statements		G1Ga Personal hygiene, self-performance Total all ADL items to calculate ADL score
	E1b Repetitive questions E1c Repetitive verbalizations		Step 3: Instrumental Activities of Daily Living and Bathing (IADL/B)
	E1d Pensistent anger with self or others E1e Self deprecation E1f Expressions of what appear to be unrealistic fears E1g Recurrent statements that correlating temble is about to happen E1h Repetitive health complaints E1n Repetitive anxious complainta/concerns		FG2 40, Score*    FG2 11, Score*    FG2 12, Score*    FG2 12, Score*    FG2 12, Score*    FG2 13, Score*    FG2 14, Score*    FG2 15, Sc
	Etj. mood in morning Unpleasant Etik Inscennia/change in usual skeep pattern Etil Sad, paired, worderd facial expressions Etim Crying, tearfulness Et n Repetitive physical movements		If response = 0, Socied: 0,   If response = 0, Socied: 0,   If response = 0, Socied: 0,   If response = 1, Socied: 0,   If response = 1, Socied: 0,   If response = 2, Socied: 0,   If response = 2, Socied: 0,   If response = 2, Socied: 0,   If response = 3, Socied: 0,   If response = 4, Socied: 0,   If response = 4, Socied: 0,   If response = 4, Socied: 0,   If response = 5, Socied: 0,   If r
	E10 Withdrawal from activities of interest E1p Reduced social interaction		GSAs Arranging for shopping GSAb Shopping
	Etq Inflated self-worth Etr Excited behavior, motor excitation Total		GSAd Managing frances GSAe Managing cash, alkwance GSAI Prepares snack
	Assistance with use of the telephone or arranging	If value of G5ac or G5ag=1 or 2, Score =1 in the shaded score area, otherwise enter 0	GSAI Light housework GSAI Laundry
	transportation	in the shaded area	Total IADL
	G5Ac Transportation G5Ac Assistance to use telephone		Total IADL and Bathing (IADL/B)
			MaineCare Adult Family Care Home RUG group: Use scores from Assistance with Living Skills
	Total	If H4=0, Score=0; If H4=1, Score=1;	score and the higher of ADL and IADL/B scores to determine classification group from chart below.
	Management of Incontinence Supplies	If H4=0, Score=0; If H4=1, Score=1; If H4=2, Score=2; If H4=3, Score=0	RUG code
	H4 Ability to manage incontinent supplies		30
	O5f Self-administration of Medications Self-administration of over the counter medications	If OSf=1, Score = 0; Otherwise Score = 1;	RUG Code   ALS Score   ADL Score   Score   Weight   Rate   7/1/19     1   AV2   ALS 7-9   ADL 7-28   1.657   S91.62
		If O6=0, Score=1; If O6=1, Score=2;	1 AV2 ALS.7-9 ADL.7-28 1.657 \$91.62 2 AV1 ALS.7-9 ADL.0-6 1.210 \$66.90
	Medication Preparation and Administration	H O6=2, Score=1; H O6=3, Score=0;	2 AV2 AVE ADV 7.28 1.260 275.10
	O6 Did resident prepare and administer any of his/her own medications		4 AH1 ALS 5-6 ADL 0-6 1.027 \$56.78
	Physician's Orders	If value P10>0, Score=1; Otherwise Score=0	5 AM2 ALS 2-4 IADL 12-18 0.924 \$51.09
	P10 Number of days physician changed orders	Score-v.	6 AM1 ALS 2-4 IADL 10-11 0.804 \$44.45 7 AL1 ALS 0-4 IADL 0-9 0.551 \$30.47
	Total of all shaded boxes in Step 1, column A. This is the Daily Living Assistance Score		8 BC1 Unclassified 0.551 \$30.47

MDC ALC				
MDS-ALS		Adult Family Care Home RUG and Class	sification Group C	Calculator
Training	Item	Description	ALS Score	ADL or IADL/B score
Hailling	Colum	tions: Using the codes from the MDS-ALS assessmen (A) to determine the Assistance with Living Skills (All Calculate Assistance with Living Skills sco	LS) score.	propriate scores into
		ed Cognitive Skills	If value B3>0 th	en Score=1, otherwise
	B3	Cognitive skills for daily decision-making	8	core =0
	Indica	tors of Depression, Anxiety, and/or Sad Mood	are >0. If total cou	tems in Section E1 that int is 0, 1 or 2 then Score is 3 or more, then score core area.
	E1a	Negative statements		
ľ	E1b	Repetitive questions		_
ŀ	E1c	Repetitive verbalizations		
ľ	E1d	Persistent anger with self or others		
	E1e	Self deprecation		
Stop 1	E1f	Expressions of what appear to be unrealistic fears		
Step 1	E1a	Recurrent statements that something terrible is		_
1	- 18	about to happen		
}	E1h	Repetitive health complaints	<del></del>	_
1	E1ii	Repetitive anxious complaints/concerns	<del> </del>	
1	Eti	mood in morning Unpleasant	-	
1	E1k	Insomnia/change in usual sleep pattern	-	
	E1I	Sad, pained, worried facial expressions		
	E1m	Crying, tearfulness		_
1	E1n	Repetitive physical movements		
	E1o	Withdrawal from activities of interest		_
1	E1p	Reduced social interaction		
ļ	E1q	Inflated self-worth		_
1	E1r	Excited behavior, motor excitation		
		Total		
,	transp	ance with use of the telephone <u>or</u> arranging ortation		G5ag=1 or 2, Score =1 e area, otherwise enter 0
1	G5Ac	Transportation		2
1	G5Ag	Assistance to use telephone		
		Total	If H4=0, Score=0;	
,	1000	ement of Incontinence Supplies	If H4=0, Score=0; If H4=2, Score=2;	
	H4	Ability to manage incontinent supplies		
Ĭ	Self-A	dministration of Medications	If O5f=1, Score = 0	); Otherwise Score = 1;
	O5f	Self-administration of over the counter medications		
	Medic	l ation Preparation and Administration	If O6=0, Score=1; If O6=2, Score=1;	
1	06	Did resident prepare and administer any of his/her own medications		0, 000/0-0,
	Physic	cian's Orders	If value P10>0, So	ore=1; Otherwise
-	P10	Number of days physician changed orders	Score=0.	
i	- 10	Total of all shaded boxes in Step 1, column A.		
l	6	This is the Daily Living Assistance Score		



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ning		
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	Step 3: Instrumental Activities of Daily Living an	d Bathing (IADL/B)
Ctan 2		If G2 =0, Score=0;
Step 3		If G2 =1, Score=1
1	Bathing	If G2 =2, Score=2; If G2 =3, Score=3
		If G2 = 3, Score= 3 If G2 = 4, Score= 4:
		If G2 =8, Score=0;
	G2 Bathing, self-performance	
		If response = 0, Score=0;
		If response = 1, Score=1 If response = 2, Score=2;
	Instrumental Activities of Daily Living	If response = 2, Score=2, If response = 3, Score=3
		If response = 4, Score=4;
	· · · · · · · · · · · · · · · · · · ·	If response = 8, Score=0;
	G5Aa Arranging for shopping	
	G5Ab Shopping	
	G5Ad Managing finances	
	G5Ae Managing cash, allowance	
	G5Af Prepares snack	
	G5Ah Light housework	_
	G5Ai Laundry	
	Total IA	
	Total IADL and Bathing (IADL)	(B)



raining						
rammg						
Secti	on S: Ass	sessment In	forma	ation and	Signature	es
SE	CTION S. ASSESSA	IENT INFORMATION				
1.	PARTICIPATION IN ASSESSMENT	s. Resident: b. Family: c. Other Non-Staff:	□ 0. No	1. Yes 2 2 1. Yes 2 2	. No Family . None	
2	SIGNATURES OF	PERSONS COMPLET	ING THE A	SSESSMENT:		
	a. Signature of A	ssessment Coordinator	/sign on lin	a abount		
	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	nent Coordinator signed		The state of the s		
	$\cup$			Moren Day	I-U	
	c. Other Signature	s Title		Sections	Date	
	d.				Date	
3	CASE MIX		02		Date	
	GROUP					

# MDS-ALS Training

### Documentation Requirements for MDS-ALS for Adult Family Care Homes

One of the important functions of the MDS-ALS assessment is to generate an updated, accurate picture of the resident's health status.

This document is to help with the understanding of the what case mix team will be looking for to verify the MDS coding. this document is not to minimize the need to refer to the manual for all coding instructions. When you find conflicting reports about a resident's functioning in a particular area, seek additional information to clarify the issue and, when possible, resolve the apparent conflict. When a conflict remains, use your best judgment in reaching a decision.

The S2b date must be signed as being complete within 7 days of the Assessment date (item A5). When calculating the due date for subsequent assessments, the S2b date is day 1. Clarification notes written after the S2b (completion) date will not be accepted as supporting documentation for case mix review purposes.

#### MaineCare Benefits Manual Chapter II, Section 2.07-1A.1 Assessments for Service Planning:

A person trained in the use of the MDS-ALS must conduct the initial assessment within 30 days of admission. Providers must use the Department-approved tool (MDS-ALS) according to the instructions in the training manual for the MDS-ALS tool.

#### MaineCare Benefits Manual Chapter II, Section 2.07-1A.3 Reassessments:

After the initial assessment, the member shall receive an assessment using MDS-ALS at least once every six months, or sooner in the event of a significant change, either an improvement or decline, in his or her functional status. The assessments will be sequenced from the date in Section S.2.B. of the MDS-ALS, assessment completion date. Providers must complete subsequent assessments within 180 days from the date in S.2.B. Providers must complete significant change assessments within 14 days after determination is made of a significant change in resident status as defined in the training manual for the MDS-ALS tool. Providers must complete a resident tracking form within 7 days of the discharge, transfer or death. The provider must maintain all completed assessments within the previous 12 months in the member's active record.

### MaineCare Benefits Manual Chapter II, Section 2.07-1A.4.c Accuracy of Assessments:

The Department requires documentation to support the time periods and information coded on the MDS-ALS.

33

33

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MDS-ALS Item	Field	Commentary	
B3	Cognitive Skills for Daily Decision-Making	Clinical record must include documentation of the resident's actual performance in making everyday decisions about tasks or activities of daily living within the 7 day look back period. The documentation must include specific examples of resident behaviors and ability to make decisions to support the coding selected.	
E1a-r	Indicators of Depression	Documentation in the clinical record to support the frequency of indicators coded on the MDS and as reported or observed in the last 28 days (or since admission if less than 28 days), Refer to the manual for the for specific coding requirements for the loss of interest items E1o and E1p.	
G5ac G5ag	Assistance with telephone use; Assistance with arranging transportation	Staff daily documentation must include documentation within the 30-day look-back period must show the level of resident "self- performance" and staff involvement for each Item for the days the activity occurred.  Documentation in the clinical record must support the level of independence that best represents the resident's functioning Evidence based on review of staff documentation over the last 30 days.	
H4	Use of incontinent supplies	Documentation within the record of resident's management of incontinence supplies (pads, briefs, ostomy and/or catheter supplies) within the 14-day look back.  To "manage supplies" means to change the pad or brief, empty catheter and/or ostomy bag; it does not refer to ordering supplies or putting them away when supplies arrive.	
O5f	Administration of OTC medications	Documentation within the 7-day look-back period must show that the resident DID NOT self-administer any OTC meds.	
O6	Medication preparation and administration by the resident	Documentation must include a current physician order for resident self- administered medications AND Documentation within the 7-day look-back must show all medications that were PREPARED and ADMINISTERED by the resident.	

MDS-ALS				
Traini	ng			
P10	0	Physician order change days	Code the number of days there were changes in the physician's orders during the 14-day look back period.  Written, telephone, fax or consultation orders for new or altered treatment. Does NOT include admission orders, re-entry orders, clarifying, or renewal orders without changes. Do NOT count orders received prior to the date of admission or re-entry.	
	umentation	for ADL Scores	Commentary	
iter G1: G1: G1: G1: G1: G1: G1:	aa ba ca da ea fa	Bed mobility Transfer Locomotion Dressing Eating Toilet use Personal hygiene	Documentation to support the total picture of the resident's ADL self- performance over the 7-day look back period, 24 hours per day, with all shifts present. Only self-performance counts toward the ADL score. Refer to the MDS Training manual for coding of G1eA, Eating-Supervision.	
MD	S-ALS	for IADL and Bathing Scor	Commentary	
Iter G2		Bathing (self- performance)	Documentation within the 7-day look-back period must show the resident's self-performance and support provided each time bathing (full body bath) occurred. Apply the code number that reflects the maximum amount of assistance, on the MDS Form.	
G5: G5: G5: G5:	ab ad	Arrange shopping Shopping Manage finances Manage cash	Staff daily documentation must include documentation of resident "self- performance" and staff involvement for each Item for the days the activity occurred, within the 30-day look-back period.	
G5 G5 G5	af ah	Prepare snacks Light housekeeping Laundry	Documentation in the clinical record must support the level of independence that best represents the resident's functioning; documentation is based on review of staff documentation over the last 30 days.	35

35

## MDS-ALS Training

### Questions?

If you have questions, email the MDS Help Desk or contact any of the case mix nurses.

Forum Calls are currently not held for Adult Family Care Homes. In the past there has not been an interest. If there is an interest, can you please send an email to the MDS Help Desk and let us know.

MDS3.0.dhhs@maine.gov

Maine Department of Health and Human Services

36

## MDS-ALS Training

Reminders:

Call the MDS help desk to inquire or register for training.

ASK questions!

ASK more questions!

Attend training as needed

Maine Department of Health and Human Services

3

37

# Case Mix Team Contact Information

• MDS Help Desk: 624-4095 or toll-free: 1-844-288-1612 MDS3.0.DHHS@maine.gov

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